

**GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH**  
**APRIL 8, 2005**  
**MEETING MINUTES**

**Members Present:** Lori Barbeau, Bill Bazan, Stephanie Burrell, David Carroll, Carl Eisenberg, Curt Gielow, Monica Hebl, Wendy MacDougall, Mark Miller, Maureen Oostdik Hurd, Midge Pfeffer, Carrie Stempksi, Graciela Villadoniga.

At 9:30 a.m. the meeting was called to order by Blane Christman, Chair of the Task Force.

The minutes for the March 11 meeting were approved.

FQHC Presentation

Sarah Lewis, Wisconsin Primary Health Care Association, spoke on behalf of Wisconsin's federally qualified health centers. She stated that the community health centers provide services to all individuals, however primarily serve low income individuals. They also provide enabling services to overcome barriers to care such as transportation, translation and outreach into communities.

Sarah Lewis pointed out that although the community health centers receive enhanced Medicaid payments, Medicaid does not cover the full cost of operation. Federal grants allow the provision of services to low income individuals. A Payor Mix chart was distributed to illustrate the variance in reimbursement for services provided at community health centers.

Wisconsin FQHC's are non-profit corporations, with assurances that the community health centers stay connected to the community and design service delivery to meet the needs of the area population. Federal funds do not allow funds to be used for bricks and mortar, so state funds are used to facilitate construction. Leveraging state and federal funds allows the health centers to serve more individuals.

The Department of Health and Family Services generates cost reports each year and meets with the health centers to reconcile costs. The cost report also determines future rates. When a new center is established, the state looks at similar centers to establish rates.

Greg Nycz, from Marshfield Clinic, a federally qualified health center with a dental expansion, described the philosophy of their community health center. They have determined that for individuals to be productive citizens they cannot enter the workforce with a backlog of health care needs. He described the challenges health centers face to see their immediate community residents since individuals are seeking care from over 100 miles away.

He recommended implementing group practice models, incorporating student dentists into community health center practices, and valuing dentists and dental hygienists. He also suggested holding ourselves to a higher standard by avoiding the primacy of the rescue, and focusing on preventing the disease while treating (rescuing), to the extent we are able.

Greg Nycz emphasized the need to eliminate economic disparities and work toward eradicating oral diseases since there are systemic effects. He recommended that oral health be integrated into medical practice, citing fluoride varnish programs as examples of integration. He challenged the Task Force to think about whether to fix the train wreck or fix the tracks.

Following the FQHC presentation, discussions took place about the encounter rate and if there is a way to find out how it compares to private practice. There was discussion about measuring rates of services, such as extractions, or if it would be more useful to assume accountability to the purchaser and focus on reducing taxpayer burden by reducing the need for more costly services.

In response to a question about trying to make the system more transparent, Greg Nycz suggested that surveys for baseline data and follow-up would be helpful. Chippewa and Rusk County found in a recent survey of third-grade children that there was a reduction in children's urgent treatment need in comparison to the state and regional data, indicating an impact. Also engagement of medicine and public health increases workforce capacity.

Comparing private practice with community health centers is difficult since the health centers see a high volume of Medicaid/BadgerCare and low income uninsured or underinsured individuals unlike dental practices.

There were questions related to the use of federal and state grant funds for the community health centers. Sarah Lewis explained that federal grant funds are restricted for use in covering the operational costs and expenses for providing care to the low income, uninsured on a sliding-fee scale basis. State grant dollars have been used to provide infrastructure for expanded medical and dental facilities and services; for example, the creation of pharmacies to take advantage of the 340 B pharmacy program, and prenatal care to undocumented citizens. The state grant program has allowed these non-profit centers to provide these services with limited funding.

There was discussion about the efficiency of community health centers' dental care. As in medicine, it is anticipated to be efficient through longitudinal studies but since service expansion to dental care is relatively new, more time is needed to gain results. Fewer residents will seek care in hospitals and emergency rooms. It was noted that stable practices, economic development, bricks and mortar to develop group facilities in each community are needed.

There was a discussion held about decision support tools. The system is changing, with more standards for dental health care, electronic medical records, and health literacy.

#### DHFS Managed Care Dental Report

Mark Moody, from the Department of Health and Family Services, discussed findings and conclusions of the Managed Care Dental Report. A draft copy of the report was provided to task force members.

There is a problem of access to oral health services under fee-for-service and managed care. Policy, workforce, consumer knowledge, and awareness are factors that need to be addressed.

The Department is re-surveying dentists who are Medicaid/BadgerCare certified to ascertain who is actually accepting new clients. The Division is also reducing the number of procedures that require prior authorization.

In the Managed Care system, emergency care must be provided within 24 hours and routine care provided within 90 days.

Concern was expressed that a low number of eligible clients are actually being served, yet there is need and contractual agreement for services to be provided in a timely manner. It was explained that clients may have called for appointments, couldn't get in for services and did not complain.

Task force members pointed out that the access problem cannot be solved merely by providing the client with names of participating dentists. It was stated that some clients wait 9 months for services. Mark Moody noted that this is a correctable problem because of the state's contractual arrangement with the HMO. However, the problem needs to be reported. Angie Dombrowicki clarified that the Department does certify HMOs, confirms that they have enough dentists, and monitors the HMOs on a quarterly basis.

Federal law precludes providers from billing Medicaid and the patient. Once a provider is certified the regulations prohibit certified providers from being compensated by the Medicaid patient.

Concern was expressed that some individuals may go off and on Medicaid and this may be a barrier to measuring recipients and preventive services. It was noted that the Health Employer Data Information Set (HEDIS) and Medicaid Encounter Data Driven Core Measurement Set (MEDDIC-MS) adopt measures that provide time to deliver and perform services. The measures are precise and do not count the same individual twice. National work groups developed and analyzed the standards used to measure services.

Is a hospital emergency room referral considered an assurance of access to care within 24 hours? Carl Eisenberg offered to distribute a form for out-patients that provides guidance on obtaining Medicaid dental services. The form would provide contact information when patients are unable to access services. Mark Moody indicated this could be developed.

#### Wisconsin Office of Rural Health Presentation

Maureen Kartheiser, Office of Rural Health, described the Office's role in linking critical access hospitals to rural communities and in managing the loan assistance program for medical and dental providers.

Marsha Siik, Wisconsin Office of Rural Health, was introduced as manager of a new dental placement program to recruit dentists to serve rural areas. They also work with the J-1 Visa program and are interested in foreign-trained dentists.

Alison Klein from the Wisconsin Primary Health Care Association discussed their role in determining Health Professional Shortage Areas.

The Task Force discussed the managed care presentation and dental administrators.

#### **Recommendations:**

- That DHFS implement the carve-out option, including the development of a request for proposals on a contract for a statewide dental benefits administrator.

Note: Future investments in the Medicaid program should include pay for performance strategies that assure increased access, regardless of the delivery system.

The Task Force discussed FQHC's, Office of Rural Health, shortage areas, and other topics relating to the presentations.

**Recommendations:**

- That the Governor direct the Division of Public Health to proactively inform pediatricians and family practitioners to integrate oral health into health care practice.
- That the Division of Public Health fund five regional oral health consultants at full-time level.
- That the Governor direct the Department of Commerce to develop and distribute examples of recruitment packages for entities to use in recruiting oral health professionals to rural or Dental Health Professional Shortage Areas.

Next Meeting Topic Development and Information Needs

The Task Force discussed providing services in remote locations. Portable equipment will be set up in room for viewing prior to the next Task Force meeting.

Blane Christman described teledentistry as a potential resource to assist with challenges of providing services in remote locations. An estimate for teledentistry was requested.

The Task Force requested a presentation on the Maternal and Child Health Block grant budget. The presentation should include an explanation of how much money goes to oral health including Children with Special Health Care Needs.

Bill Bazan requested that staff bring HMO program audits to the next meeting.

The remaining Task Force meetings are scheduled for:

Friday, April 15 at DHFS, Room 751  
Friday, May 13 – Public Hearing at the State Capitol, Room 411 South  
Tuesday, May 24 (2 pm to 4 pm) – Final Report